

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: FAIRVIEW PA Date of Visit: 7-17-25

Contractor Personnel on Site:

1. CARL MARENARO 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. PA029-FEMS2897105

Service Calls – Service Call Number and Description

1. CSS#/ w# 18266 REPAIR KITCHEN HOOD ANSUL SYSTEM
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CARL MARENARO Date: 7-17-25

Signed: Carl M

To be signed by Facility Manager:

By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed. This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Cynthia Croyle Date: 07/21/2025

Signed: Cynthia Croyle

E-Mail: _____